1 U/ FDI O MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) **CLAIMS** AFTER AS FILED AFTER AFTER I AMENDMENT 2 - AMENDMENT AS FILED AFTER ·I"AMENDMENT 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. \mathcal{N} IND. DEP. <u>55</u> ---38-------88-.. 39-. 89. TOTAL IND. TOTAL IND TOTAL DEP TOTAL DE TOTAL. TOTAL CLADUS

CLAIMS

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